Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

1068/391

											3//	
		CLAIMS AS	S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			20				-	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			20 mir	nus 20=	*0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 - minus 3 = *					X43=		OR	X86=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				l	TOTAL		OR	TOTAL	7706
CLAIMS AS AMENDED - PART II								CMALL	-NTIT/		OTHER	THAN
		(Column 1)		(Colur		(Column 3)		SMALL	ENTITY	OR.	SMALL	-N 111 T
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X43=		OR	X86=	
	FIRST PRESE	NIATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		1	+145=		OR	+290=	
							L	TOTAL		OR	TOTAL	
								ADDIT. FEE		On	ADDIT. FEE	
		(Column 1)		(Colun		(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CLAINA	=		X43=		OR	X86=	
	FINST FRESE	INTATION OF MIC	CHELE DEF	LINDLINI	CLAIN		3 	+145=		OR	+290=	
							L	TOTAL ADDIT. FEE		OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												•
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u> </u>	Ιſ	X43=		o'R	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		- 1	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145= TOTAL		OR		
** 1	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								'	OR ,	TOTAL ADDIT. FEE	
		mber Previously Paid					er four	nd in the app	ropriate box	in col	umn 1.	